## HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX SCORESHEET (You will need this Scoresheet and a Boley Gauge or a disposable ruler.)

Provider		Patient	
Name:	Name:		
Number:	SSAN:		
Procedure			
Position the patient's teeth in co			
■ Record all measurements in the ■ ENTER SCORE "0" IF CONDITION	order given and round off to the nearest millimeter (mm).		
	ptic eruption are present in the anterior portion of the mouth,	goors only the most square condition	
The use of a recorder (hygienis		score only the most severe condition.	
	TOMATIC QUALIFYING CONDITIONS FOR AUTHORIZATION OF	E STUDY MODELS )	HLD Score
. Cleft palate deformities	1 score no further).		
	N LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF		
(Indicate an "X" if present and	d score no further)	TIME PALATE	
Crossbite of individual anterior (Indicate an "X" if present and	r teeth <b>WHEN DESTRUCTION OF SOFT TISSUE IS PRESENT</b> d score no further).	• • • • • • • • • • • • • • • • • • • •	
segment by burns or by accid	Attach description of condition. For example, loss of a premaxilent; the result of osteomyelitis; or other gross pathology.) a score no further)		
with reported masticatory and	n incompetent lips or reverse overjet greater than 3.5mm speech difficulties.  1 score no further)		
			19 L
		X, 5 =	
	····	x 4 =	
F BOTH ANTERIOR CROWDING A CONDITION, DO NOT SCORE BOTH	ND ECTOPIC ERUPTION ARE PRESENT IN THE ANTERIOR P Conditions.	ORTION OF THE MOUTH, SCORE ONLY	Y THE MOST SEVER
. Ectopic eruption (Count each t	ooth, excluding third molars)	x 3 =	
Anterior crowding (Score one for MANDIBLE; two points ma	point for MAXILLA and/or one point ximum for anterior crowding)	x 5 = ;	· · · · · ·
1. Labio-Lingual spread in mm.			
2. Posterior unilateral crossbite (	must involve two or more adjacent teeth, one of which must be	e a molar) Score 4	
•		TOTAL SCORE:	
IOTE: A SCORE OF 26 OR MORE O	NUALIFIES FOR AUTHORIZATION OF STUDY MODELS	TOTAL SCORE:	
A BENEFICIARY DOES NOT SCORE PSDT EXCEPTION, IF MEDICAL NEC	E 26 OR ABOVE <u>NOR MEETS ONE OF THE FIVE AUTOMATIC QU</u> CESSITY IS DOCUMENTED.		1
EPSDT EXCEPTION: (Indicate with	n an "X" and attach medical evidence and appropriate documentat	tion for each of the following eight areas in	
the "CONDITIONS SECTION.")  a) Principal diagnosis and signific		non for each of the following eight areas in	addition to completin
b) Prognosis; and	· · · · · · · · · · · · · · · · · · ·		
<ul> <li>d) Clinical significance or function</li> <li>e) Specific types of services to be</li> <li>f) The therapeutic goals to be acl</li> </ul>	condition and etiology if known; and lal impairment caused by the illness or condition; and prendered by each discipline associated with the total treatment hieved by each discipline, and anticipated time for achievement	of goals; and	
care; and	e services have been previously provided to address the illness	·	y prior

## HANDICAPPING LABIO-LINGUAL DEVIATION INDEX

The intent of the HLD Index is to measure the presence or absence, and the degree, of the handicap caused by the components of the Index, and not to diagnose "malocclusion." All measurements are made with a Boley Gauge (or a disposable ruler) scaled in millimeters. Absence of any conditions must be recorded by entering "0." (Refer to the attached scoresheet).

The following information should help clarify the categories on the HLD Index:

- 1. Cleft Palate Deformities: Indicate an "X" on the scoresheet. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
- 2. Deep Impinging Overbite: Indicate an "X" on the scoresheet when lower incisors are destroying the soft tissue of the palate. Do not score any further if present. (This condition is automatically considered to be a handlcapping malocclusion without further scoring.)
- 3. Crossbite of Individual Anterior Teeth: Indicate an "X" on the scoresheet when destruction of soft tissue is present. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
- 4. Severe Traumatic Deviations: Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Indicate with an "X" on the scoresheet and attach documentation and description of condition. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
- 5. Overjet in Millimeters: This is recorded with the patient's teeth in centric occlusion and measured from the labial portion of the lower incisors to the labial of the upper incisors. The measurement may apply to a protruding single tooth as well as to the whole arch. The measurement is read and rounded off to the nearest millimeter and entered on the scoresheet. If the overjet is greater than 9mm with incompetent lips or the reverse overjet is greater than 3.5mm with reported masticatory and speech difficulties, indicate an "X" and score no further. If the reverse overjet is not greater than 3.5mm, score under #7.
- 6. Overbite in Millimeters: A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the scoresheet. "Reverse" overbite may exist in certain conditions and should be measured and recorded.
- 7. Mandibular Protrusion in Millimeters: Score exactly as measured from the labial of the lower incisor to the labial of the upper incisor. The measurement in millimeters is entered on the scoresheet and multiplied by five (5). A reverse overbite, if present, should be shown under "overbite."
- 8. Open Bite in Millimeters: This condition is defined as the absence of occlusal contact in the anterior region. It is measured from edge to edge, in millimeters. The measurement is entered on the scoresheet and multiplied by four (4). In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.
- Ectopic Eruption: Count each tooth, excluding third molars. Enter the number of teeth on the scoresheet and multiply by three (3). If condition
  No. 10, anterior crowding, is also present with an ectopic eruption in the anterior portion of the mouth, score only the most severe condition. DO
  NOT SCORE BOTH CONDITIONS.
- 10. Anterior Crowding: Arch length insufficiency must exceed 3.5mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter five (5) points each for maxillary and mandibular anterior crowding. If condition No. 9, ectopic eruption, is also present in the anterior portion of the mouth, score the most severe condition. DO NOT SCORE BOTH CONDITIONS.
- 11. Labio-Lingual Spread: A Boley Gauge (or disposable ruler) is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded tooth and the lingually displaced anterior tooth is measured. The labio-lingual spread probably comes close to a measurement of overall deviation from what would have been a normal arch. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the index.
- 12. Posterior Unilateral Crossbite: This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the scoresheet.